U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	FULLY BEFORE PREPARING THIS REPORT.		
MR15206			
0, B B			
1. File Number U - 6650	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name WILLIAM J MAHER JR.	Name TEAMSTERS LOCAL 278		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5 Thomas Mellon Circle Suite 130	Street 5 Thomas Mellon Circle Suite 130		
City San Francisco	City San Francisco		
State California ZIP Code + 4 94134	State California ZIP Code + 4 94134		
5. Position in labor organization.			
TRUSTEE			
(Transport of the Control of the Co	spouse or minor child directly or indirectly had any of the following interests oxclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of eation represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).	venesions ser total in the instructions):		
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Name of Person Filing WILLIAM MAHER JR. (J)	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name NONE	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
		-	
	12.b. Amount.	Ø	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name NONE			
Trade Name, if any:	·		
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4	,		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Ø	